

DSS-3101 (Rev. 7/88)	# OF TRAINEES	CONTRAC	T PERIOD	PROJECT BUGET
Application for training contract		FROM	TO	
ERIE COUNTY DEPARTMENT OF SOCIAL SERVICES				\$
ORGANIZATION NAME, ADDRESS AND TELEPHONE NUMBER	PROJECT ADDR	ESS AND TE	LEPHONE NU	JMBER (if different)
OFFICIAL AUTHORIZED TO SIGN CONTRACT (Name and Title)	PROJECT DIREC	CTOR (Name)		
OFFICIAL SIGNATURE	PROJECT DIREC	CTOR SIGNA	TURE	
ORGANIZATION'S FEDERAL TAX IDENTIFICATION NUMBER				
INCORPORATION (Check One)				
Incorporated	Not In	corporated		
Identify State in which organization is Incorporated	If not incorporate	d check type o	of organization	ı
If organization is not incorporated in	Partnership Sole Propriet	orship ed Association	n	
NY, is it authorized to do business in  NY Yes No	Other (Pleas			
Check type of Corporation				
Business Membership				
Religious Other (Please specify)				
Not for Profit/NYS Department of State Charitable Registration Number				
Or exemption (Please specify)				
CHECK ALL THE ITEMS BELOW WHICH APPLY TO THE ORGANIZATION	DN:			
Small Business Organization MBE (Minority-Owned	d or Directed)	Г	WBE (Wom	en-Owned or Directed)
IF EDUCATIONAL INSTITUTION IDENTIFY ACCREDITATION STATUS A	ND ACCREDITING BO	DY:	<u>.</u>	
LIST THE RFP PROJECT TITLE AND PROJECT CODE:				
PACKAGE CON	TENTS AND ORDER			
DSS-3102-3 Training Activities List P	roject Budget roject Narrative raining Activity	DSS-3	105 Biogra	ct Work Plan aphical Sketch Staffing Plan

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## DSS-3101 Application for Training Contracts

Part II: E	eidder Identification -
Pl	ease identify all of the terms below which apply to you
or	ganization:
	Yes No
Non-Profit	Organization
Small Busin	ess
Minority Bu	siness
Women-Owned	Business
Are you inc	corporated?
a. If	yes, in what State are you incorporated?
b. If	you are not incorporated in New York, are you authorized
to do busin	ess in New York?
What type o	f corporation are you?
	Business
	Membership
	Not for Profit
	Religious
	Other (please specify)
If you are	not incorporated, you are a:
	Partnership
	Sole proprietorship
	Unincorporated association
	Other (please specify)
What is you	r Federal Identification Number?

## DSS-3102-3 (REV.7/88) TRAINING ACTIVITIES LIST

1. ORGANIZATION	2. PROJ	ECT RFP T	TITLE		3.PROJECT	CODE	3a.CONTRACT YEAR		4. PR	OJECT	COST		
5. TRAINING ACTIVITY	6. COST		1				RGET GROUP	12.	(D	SS USE	ONLY)	ı	
		OFFERINGS	TRAINEES	PER	TRAINING DAYS			IV-A	IV-D	IV-E	xix	xx	OTHER
				OFFERING	(Col.7x9)								
13. TOTALS													

DSS-3103-1	(REV.	ECDSS-11	/01)
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UNIT COST SUMMARY

ORGANIZATION

PROJECT COST

Degree Programs					
A.	B. Total		D. Total	E.UNIT COST/ CREDIT HOUR	F. UNIT COST/ CREDIT HOUR
PROJECT RFP TITLE	Credit Hr	rs. Direct Costs	Proj. Cost	(Direct Cost)	(Tot.Proj.Cost
PROJECT 5	готат.				
INCOLCI				I	<u> </u>

#### UNIT COST SUMMARY

ORGANIZATION

PROJECT COST

Component 3 & 4

В.				B.	C.
			1	. NO OF	E.
			UI	IT COST/	
				PROJECT	TOTAL
	TRAINING DAYS	TRAINING DAY			
		PROJECT RFP TITLE		COST	COSTS
	(DSS-3102-3)	(C÷D)			
PROJE	CT TOTAL		c. ÷	D.	= E.

## PROJECT BUDGET

		PROJECT	r RFP T	ITLE:	PROJECT TE	ERM:		
SECTION	I: SUMMARY OF ESTIMATED COSTS	+						
Α.	1. Personnel			1.		xxxxxxxx		
DIRECT	2. Fringe Benefits			2.		xxxxxxxx		
COST	3. Equipment			3.		xxxxxxxx		
OTHER	4. Consumable Costs			4.		xxxxxxxx		
THAN	5. Staff Travel			5.		xxxxxxxx		
TRAINEE	6. Subcontractor/Consultant Cost			6.		xxxxxxxx		
	7. Other			7.		xxxxxxxx		
	8. TOTAL - Direct Cost other then	Traine	e Cost	8.	xxxxxxxxxx			
В.	1. Stipends			1.	K	xxxxxxx		
DIRECT	2. Tuition and Fees			2.		xxxxxxxx		
COST	3. Travel and Per Deim 3.							
TRAINEE	4. TOTAL - Direct Cost (Trainee)			4 .	xxxxxxxxxx			
C.TOTAL	1. TOTAL -DIRECT COST (A8 + B4)				xxxxxxxxxx			
D. INDIRECT COST	RATE: RATE APPROVED BY FEDERAL GO % Yes-(attach copy of agre			-(attach	explanation)	xxxxxxx		
3331		_	Rate	Base K	Total INDIRECT = COST			
E. 5	TOTAL PROJECT COST (C1 + D)	, i			I			
F. 2	AMOUNT TO BE REIMBURSED							
REMARKS								

### DSS-3104 (REV. 7/88)

		SIU4 (REV. ON II: PROJE	CT PERSONNEL COST			
B. TOTAL ALL PERSONNEL SALARIES C. TOTAL FRINGE BENEFITS D. EXPLANATION OF FRINGE BENEFIT CALCULATION						
C. TOTAL FRINGE BENEFITS  D. EXPLANATION OF FRINGE BENEFIT CALCULATION				SALARY	PROJECT	TO PROJECT
C. TOTAL FRINGE BENEFITS  D. EXPLANATION OF FRINGE BENEFIT CALCULATION						
C. TOTAL FRINGE BENEFITS  D. EXPLANATION OF FRINGE BENEFIT CALCULATION						
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C. TOTAL FRINGE BENEFITS  D. EXPLANATION OF FRINGE BENEFIT CALCULATION						
C. TOTAL FRINGE BENEFITS  D. EXPLANATION OF FRINGE BENEFIT CALCULATION						
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C. TOTAL FRINGE BENEFITS  D. EXPLANATION OF FRINGE BENEFIT CALCULATION				<u> </u>	.1	
D. EXPLANATION OF FRINGE BENEFIT CALCULATION	в. то	OTAL ALL PER	RSONNEL SALARIES			
	C.		TOTAL FRINGE BENEFITS			
E. * SPECIAL SALARY NOTES:	D.	EXPLANATION	OF FRINGE BENEFIT CALCULATION			
E. * SPECIAL SALARY NOTES:						
E. * SPECIAL SALARY NOTES:						
E. * SPECIAL SALARY NOTES:						
	Ε.	* SPECIAL S	ALARY NOTES:			

If project if for 12 months, enter Annual Salary. If Project is for other than 12 months, use salary for the total number of months of this Project. (eg.If Projects for 9 months, use 75% of Annual Salary as the Base.)

SECTION	TTT:	SCHEDULE	OF	ESTIMATED	EOUIPMENT	COST

A. PURCHASE COST	NUMBER	UNIT	ESTIMATED
ITEM DESCRIPTION	OF ITEMS	PRICE	COST
TOTAL EQUIPMENT PURCHASE COST	A.		
B. RENTAL COST	NUMBER	UNIT	ESTIMATED
ITEM DESCRIPTION	OF ITEMS	PRICE	COST
B.TOTAL EQUIPMENT RENTAL COST		1	
B.TOTAL EQUIPMENT RENTAL COST		<u> </u>	
C.TOTAL EQUIPMENT RENTAL COST  C.TOTAL EQUIPMENT COST (A + B)		1	

#### SECTION IV: SCHEDULE OF ESTIMATED CONSUMABLE SUPPLIES

ITEM DESCRIPTION	NUMBER OF ITEMS	UNIT PRICE	ESTIMATED COST
TOTAL CONSUMABLE SUPPLIES COST		· _	

SECTION V: SCHEDULE OF STAFF TRAVEL, SUBCONTRACTOR/CONSULTANT AND OTHER COSTS

A. STAFF TRAVEL COST		ESTIMATED COST
	TOTAL	
B. SUBCONTRACTOR/CONSULTANT COST (Include Fee, Travel	., Per Diem)	
	TOTAL	
C. OTHER COST		
	TOTAL	

#### SECTION VI: SCHEDULE OF ESTIMATED DIRECT TRAINEE COST

Α.	STIPENDS	ESTIMATED COST
	TOTAL	
В.	TUITION AND FEES	
	TOTAL	
С.	TRAVEL AND PER DIEM	
	TOTAL	1

# TRAINING ACTIVITY SUMMARY Erie County Department of Social Services Division of Human Resource Development

ORGANIZATION:		PROJECT CODE:						
PROJECT					TITLE:			
ACTIVITY OR								
COURSE TITLE:								
TARGET GROUP:								
	I	II	III	IV	v			
VI								
No. Trainees per Region								
Training Activity Description methodology; curriculum and mate considerations)	(include erials to	topics to be developed	o be covering to be covered if an	ered; tr y; and s	aining pecial			
COURSE TOPICS:								
COURSE OBJECTIVES:								
TRAINING METHODOLOGY:								
CURRICULUM AND MATERIALS TO BE DE	EVELOPED:							
SPECIAL CONSIDERATIONS:								

## Organization:

# Project Amount:

Project Title:	Term:

#### PROJECT STAFF

		A. All Project Staff			B. Admin	istrativ	e Staff	C. Training Staff						
		Total	F/Time	P/Time	Total	F/Time	P/Time	Total	F/Time	P/Time				
1.	Total						_,							
2.	Black													
<del>3</del> .	Hispanic													
	Asian or													
4.	Pacific Isl.													
_	Native N.													
<u>5.</u>	American													
6.	Other													
7.	Female													
8.	Male													
	*** . 1 . 3*													
9.	Viet Nam Veteran													
<i>9</i> .	veteran													
10.	Disabled													
	Pub. Assist													
11.	Recipient													
				CONSULTAI	T/SUBCON	TRACTO	R STAFF							
		A. All Project Staff			B. Admin:	strativ	e Staff	C. Training Staff						
		mo+al	F/Time	P/Time	motal	F/Time	D/Time	Total F/Time P/Time						
1.	Total	Total	F/TIME	P/TIME	Total	F/TIME	P/TIMe	Total	r/Time	P/TIME				
									<del>                                     </del>					
<del>2.</del> 3.	Black Hispanic													
<del>4.</del>														
- •	Pacific Isl.													
	Native N.													
5.	American													
6.	Other													
7.	Female													
8.	Male													
	Viet Nam													
9.	Veteran													
10.	Disabled													
11.	Pub. Assist Recipient													

BIOGRAPHICAL SKETCH	Institution		Project							
INSTRUCTION: Prepare this form for EACH professional staff member beginning with the Project Director.  Attach Resumes for Project Director and other key staff.										
NAME (last,first,M.I.) TITLE										
RELATIONSHIP TO PROJECT										
EDUCATION										
INSTITUTION AND LOCATION	DEGREE		YR. CONF	ERRED	DISCIPLINE					
PROFESSIONAL EMPL			t recent)							
EMPLOYER		ritle			DATES-From-To					
PROFESSIONAL EXPERIENCE - (Significant experience-relevant to program)										

#### PROJECT WORK PLAN

LIST MAJOR STEPS IN THE IMPLEMENTAITON OF THIS PROJECT AND THE MONTH IN WHICH THEY WILL OCCUR.		(	ORGANIZATION													
ACTIVITY/MILESTONE			1				L YEA									
	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY